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AMENDED IN ASSEMBLY JUNE 20, 2012
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SENATE BILL

No. 694

**Introduced by Senator Padilla
(Coauthors: Senators Emmerson and Price)**

February 18, 2011

An act to add Section 104766 to, to add Article 2.5 (commencing with Section 104767) to Chapter 3 of Part 3 of Division 103 of, and to repeal Section 104767.1 of, the Health and Safety Code, relating to dental care.

LEGISLATIVE COUNSEL'S DIGEST

SB 694, as amended, Padilla. Dental care.

Existing law requires the State Department of Public Health to maintain a dental program that includes, but is not limited to, development of comprehensive dental health plans within the framework of a specified state plan.

This bill would make these provisions inoperative for a specified period of time upon the creation of a Statewide Office of Oral Health within the State Department of Public Health with a licensed dentist who serves as the dental director. This bill would provide that no General Fund moneys shall be used to implement the provisions creating

the office, but would authorize the state to accept other public and private funds for the purpose of implementing these provisions, and would provide that these provisions become inoperative, as specified, if other public or private funds are not deposited with the state in an amount sufficient to fully support the activities of the office. This bill would authorize, until January 1, 2017, the office to conduct a specified study under described circumstances.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) Nationally and statewide, tooth decay ranks as the most
4 common chronic disease and unmet health care need of children.
5 (b) Poor dental health can disrupt normal childhood
6 development, seriously damage overall health, and impair a child's
7 ability to learn, concentrate, and perform well in school. In rare
8 cases, untreated tooth decay can lead to death.
9 (c) Unmet dental needs have significant human and financial
10 costs. In 2007, it was estimated that California schools lost nearly
11 thirty million dollars (\$30,000,000) in attendance-based school
12 district funding due to 874,000 missed school days related to dental
13 problems; and California's hospitals experienced over 83,000
14 emergency room visits for preventable dental problems at a cost
15 of fifty-five million dollars (\$55,000,000).
16 (d) With full implementation of the federal Patient Protection
17 and Affordable Care Act (Public Law 111-148), approximately
18 1.2 million additional children in California are expected to gain
19 dental coverage.
20 (e) The burden of oral disease can be markedly decreased
21 through early intervention, including education, prevention, and
22 treatment. Effective prevention reduces the need for costly
23 treatment of advanced dental disease.
24 (f) To address this unmet need, a comprehensive coordinated
25 strategy is necessary, at the foundation of which is a strong state
26 oral health infrastructure to coordinate essential public dental health
27 functions, including assessing need and capacity to address that
28 need.

SEC. 2. Section 104766 is added to the Health and Safety Code, to read:

104766. This article shall become inoperative on the date the Department of Finance memorializes in writing, pursuant to paragraph (2) of subdivision (e) of Section 104767, that sufficient funds have been deposited with the state to establish the Statewide Office of Oral Health, and shall become operative again on the date the Department of Finance memorializes in writing, pursuant to paragraph (2) of subdivision (f) of Section 104767, that the office has not secured sustainable funding sources to maintain the activities of the office, or on January 1, 2016, whichever occurs first.

SEC. 3. Article 2.5 (commencing with Section 104767) is added to Chapter 3 of Part 3 of Division 103 of the Health and Safety Code, to read:

Article 2.5. Statewide Office of Oral Health

104767. (a) There shall be a Statewide Office of Oral Health within the State Department of Public Health.

(b) Within the office there shall be a licensed dentist who serves as the dental director. *The dental director shall be appointed by the Governor, subject to confirmation by the Senate, and shall serve at the pleasure of the Governor. The dental director shall be a licensed dentist in good standing who has demonstrated dental and management experience, including at least five years of experience in public dental health.*

(c) ~~The dental director and his or her staff office~~ shall have all of, but not be limited to, the following responsibilities:

- (1) Advancing and protecting the oral health of all Californians.
- (2) Developing a comprehensive and sustainable state oral health action plan to address the state's unmet oral health needs.
- (3) Encouraging private and public collaboration to meet the oral health needs of Californians.
- (4) Securing funds to support infrastructure and statewide and local programs.
- (5) Promoting evidence-based approaches to increase oral health literacy.
- (6) Establishing a system for surveillance and oral health reporting.

1 (d) The state may accept public funds and private funds for the
2 purpose of implementing this article.

3 (e) (1) No General Fund moneys shall be used for purposes of
4 this section. Moneys to fund the office shall be secured from other
5 public or private sources. The Department of Finance shall, on
6 January 1, 2014, and annually thereafter, make a determination
7 regarding the funding status of the office. Moneys needed to
8 sufficiently fund and commence the study pursuant to Section
9 104767.1 shall not be considered for purposes of determining the
10 funding status of the office pursuant to this paragraph.

11 (2) The office shall be established pursuant to this section only
12 after a determination has been made by the Department of Finance
13 that public or private funds in an amount sufficient to fully support
14 the activities of the office, including staffing the office, have been
15 deposited with the state. If the Department of Finance makes a
16 determination that sufficient funding has been secured to establish
17 the office, the Department of Finance shall file a written statement
18 with the Secretary of the Senate, the Chief Clerk of the Assembly,
19 and the Legislative Counsel memorializing that this determination
20 has been made.

21 (f) (1) If the office is established pursuant to this section, the
22 office shall assume responsibility for identifying and securing
23 funding sources in order to maintain the functions of the office.

24 (2) If the Department of Finance makes a determination that
25 the office has not secured sustainable funding sources to maintain
26 the activities of the office pursuant to paragraph (1), the Department
27 of Finance shall file a written statement with the Secretary of the
28 Senate, the Chief Clerk of the Assembly, and the Legislative
29 Counsel memorializing that this determination has been made.

30 (g) This section shall become inoperative on January 1, 2016.

31 104767.1. (a) The Legislature finds and declares that, as part
32 of a comprehensive integrated system of dental care, with the
33 dentist as the head of that system, additional dental care providers
34 who provide basic preventive and restorative oral health care to
35 underserved children, located at or near where children live or go
36 to school, may have the potential to reduce the oral health disease
37 burden in the population most in need.

38 (b) The office may design and implement a scientifically
39 rigorous study to assess the safety, quality, cost-effectiveness, and
40 patient satisfaction of expanded dental procedures performed by

1 dental care providers for the purpose of informing future decisions
2 about how to meet the state's unmet oral health need for the state's
3 children. The research parameters of the study shall include public
4 health settings, multiple models of dentist supervision, multiple
5 pathways of education and training, and multiple dental providers.
6 Procedures performed during the study shall be performed only
7 by dental care providers within the confines of a university-based
8 study.

9 (c) The dental director or, in the absence of a dental director,
10 the Secretary of California Health and Human Services or his or
11 her designee shall convene an advisory group on study design and
12 implementation. The advisory group shall be comprised of
13 representatives of all dental practices, including traditional and
14 nontraditional, as well as nondentists and consumer advocates.

15 (d) The dental director or, in the absence of a dental director,
16 the Secretary of California Health and Human Services or his or
17 her designee shall provide input regarding study design and
18 implementation, receive all study data and reports, and develop a
19 report and recommendations to be submitted to the Legislature
20 based on the study findings. The dental director or, in the absence
21 of a dental director, the Secretary of California Health and Human
22 Services or his or her designee shall also consult with the
23 Legislative Analyst's Office in designing the study and selecting
24 any contractors.

25 (e) (1) The study shall be limited to a dentist licensed pursuant
26 to Article 2 (commencing with Section 1625) of Chapter 4 of
27 Division 2 of the Business and Professions Code and at least two
28 of each of the following dental care providers:

29 (A) A registered dental hygienist, as defined in Article 9
30 (commencing with Section 1900) of Chapter 4 of Division 2 of
31 the Business and Professions Code, who is educated in a limited
32 number of additional dental procedures.

33 (B) A registered dental assistant in extended function licensed
34 pursuant to Section 1753 of the Business and Professions Code
35 who is educated in a limited number of additional dental
36 procedures.

37 (2) The dental procedures that may be examined in the study
38 shall be limited to the following:

39 (A) Administration of local anesthesia.

1 (B) Tooth preparation for, and the placement and finishing of,
2 direct restorations.

3 (C) Placement of interim therapeutic restorations.

4 (D) Stainless steel crown placement.

5 (E) Therapeutic pulpotomy.

6 (F) Pulp cap placement, direct and indirect.

7 (G) Extraction of primary teeth.

8 (3) The study shall examine and compare the procedures
9 described in paragraph (2), as performed under the following types
10 of supervision:

11 (A) Direct supervision, as defined in subdivision (c) of Section
12 1902 of the Business and Professions Code.

13 (B) General supervision, as defined in subdivision (d) of Section
14 1902 of the Business and Professions Code.

15 (C) Remote supervision by a dentist where the supervising
16 dentist is not onsite while a dental care provider is practicing as
17 authorized by this section and shall be facilitated by “standing
18 orders” as an agreement between the dental care provider and
19 supervising dentist. The dental care provider shall not perform
20 duties beyond what is agreed upon in the standing orders. Remote
21 supervision may consist of all of the following:

22 (i) Incorporate the use of technology, such as telehealth, to
23 facilitate dentists providing remote supervision to the dental care
24 provider, where the dental care provider does not have to be in the
25 same location as the supervising dentist.

26 (ii) Include a mechanism for the dental care provider to seek
27 and receive additional professional advice in a timely manner as
28 needed.

29 (iii) Include a mechanism for the dental care provider to make
30 referrals to a qualified dentist, as needed.

31 (4) The study shall examine dental care providers in public
32 health settings that represent the racial, ethnic, urban, and rural
33 diversity of California’s child population. Settings may include,
34 but not be limited to, community health clinics, Head Start, and
35 schools with greater than 50 percent participation in the federal
36 free and reduced-price lunch program.

37 (5) The study shall be conducted through a dental school at an
38 institution of higher education within the state.

39 (f) No General Fund moneys shall be used to implement this
40 section. Moneys to fund the study, including analysis and findings,

1 and all procedures administered by dental care providers during
2 the study, shall be secured from other public or private sources.
3 No one provider group or interest group may provide more than
4 half the private funding for the study.

5 (g) Notwithstanding subdivision (h), if the study described in
6 this section is not sufficiently funded and commenced by January
7 1, 2014, this section shall become inoperative on January 1, 2014.

8 (h) This section shall remain in effect only until January 1, 2017,
9 and as of that date is repealed, unless a later enacted statute, that
10 is enacted before January 1, 2017, deletes or extends that date.